

STATE OF LOUISIANA  
DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT  
GRIEVANCE FORM

EMPLOYEE SECTION (check appropriate box)	(FOR HUMAN RESOURCES SECTION USE ONLY)
<input type="checkbox"/> STEP 1 – Date Submitted _____ (Must be filed with immediate supervisor within 7 working days.)	<input type="checkbox"/> STEP 1 – Response Date _____
<input type="checkbox"/> STEP 2 – Date Submitted _____ (Must be filed with Section Head/District Administrator within 5 working days after receipt of Step 1 answer.)	<input type="checkbox"/> STEP 2 – Response Date _____
<input type="checkbox"/> STEP 3 – Date Submitted _____ (Must be filed with DOTD within 5 working days after receipt of Step 2 answer.)	<input type="checkbox"/> STEP 3 – Response Date _____

EMPLOYEE NAME: \_\_\_\_\_ SS#: \_\_\_\_\_  
SECTION/DISTRICT: \_\_\_\_\_ GANG: \_\_\_\_\_ WORK LOCATION: \_\_\_\_\_  
PRESENT CIVIL SERVICE JOB TITLE: \_\_\_\_\_  
NAME/TITLE OF IMMEDIATE SUPERVISOR: \_\_\_\_\_

STATEMENT OF GRIEVANCE

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REMEDY REQUESTED

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SIGNATURE

COPIES TO:

UNION REPRESENTATIVE (IF APPLICABLE)  
SECTION HEAD OR DISTRICT ADMINISTRATOR  
HUMAN RESOURCES SECTION (HEADQUARTERS, ROOM 206)